

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/672200

FILING DATE

CLAIMS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09/672200	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	Cancelled					
17	1					
18		1				
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32	Cancelled					
33	1					
34		1				
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53						
54						
55						
56						
57						
58						
59						
60	Cancelled					
61	1					
62		1				
63						
64						
65	1					
66		1				
67						
68						
69						
70		1				
71						
72		1				
73						
74						
75						
76						
77						
78						
79						
80						
81						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	49					
TOTAL CLAIMS	56					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS